

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 11/09/2017  
FORM APPROVED  
OMB NO. 0938-0391

|   |   |  |   |                            |  |
|---|---|--|---|----------------------------|--|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                   |   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>495214</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 01 - MAIN BUILDING 01<br><br>B. WING _____                                  |                            | (X3) DATE SURVEY<br>COMPLETED<br><br><b>11/07/2017</b> |
| NAME OF PROVIDER OR SUPPLIER<br><b>AUGUSTA MEDICAL CTR SKILLED CA</b> |   |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>78 MEDICAL CENTER DRIVE<br/>FISHERSVILLE, VA 22939</b>                    |                            |  |
| (X4) ID<br>PREFIX<br>TAG  | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR<br>LSC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG  | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5)<br>COMPLETION<br>DATE |  |
| K 000   | <p><b>INITIAL COMMENTS</b></p> <p>Surveyor: 25557</p> <p>Description of Structure: The building is 4 story, non-combustible structure. The Skilled Nursing Facility is located on the ground floor of the facility.</p> <p>Construction Type: I (332)</p> <p>Sprinkler status: Fully Sprinklered</p> <p>An unannounced recertification Life Safety Code survey was conducted 11/02 through 11/07/2017 in accordance with 42 Code of Federal Regulation, Part 483: Requirements for Long Term Care Facilities. The facility was surveyed for compliance using the LSC 2012 Existing regulations. The facility was not in compliance with the Requirements for Participation Medicare and Medicaid.</p> <p>The findings that follow demonstrate non-compliance with Title 42 Code of Regulations, 483.70(a) et seq (Life Safety from Fire.)</p> | K 000  |   |                            |  |
| K 918<br>SS=F   | <p><b>NFPA 101 Electrical Systems - Essential Electric Syste</b></p> <p>Electrical Systems - Essential Electric System Maintenance and Testing</p> <p>The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110.</p>   | K 918  |   |                            |  |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 11/09/2017  
FORM APPROVED  
OMB NO. 0938-0391

|   |   |   |   |                            |   |
|---|---|---|---|----------------------------|---|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                   |   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>495214 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 01 - MAIN BUILDING 01<br><br>B. WING _____  |                            | (X3) DATE SURVEY<br>COMPLETED<br><br>11/07/2017 |
| NAME OF PROVIDER OR SUPPLIER<br><b>AUGUSTA MEDICAL CTR SKILLED CA</b> |   |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>78 MEDICAL CENTER DRIVE<br/>FISHERSVILLE, VA 22939</b>  |                            |   |
| (X4) ID<br>PREFIX<br>TAG  | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR<br>LSC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG   | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)   | (X5)<br>COMPLETION<br>DATE |   |
| K 918   | <p>Continued From page 1</p> <p>Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked and readily identifiable. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations.</p> <p>6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)</p> <p>This Standard is not met as evidenced by:</p> <p>Surveyor: 25557</p> <p>Based on observation and interview, the facility failed to test and maintain the essential electric system as required by the Life Safety Code. This has the ability to affect all occupants of the building.</p> <p>The findings include:</p> <p>On 11/02/2017 at approximately 11:00 AM it was observed and noted during record review that the facility could not provide documentation that the Emergency Power Supply System, EPSS, battery electrolyte specific gravity level is tested and recorded monthly or battery conductance testing is performed in lieu of specific gravity testing</p> | K 918   | <p>A monthly schedule to perform Specific Gravity Testing of each of the Life Safety Generator batteries has been programmed in the Computerized Maintenance Management System, which will identify further occurrences immediately, for accomplishment on a monthly basis. An Electrician completed the battery testing on November 11<sup>th</sup>. The Director of Facilities and Maintenance will be responsible to ensure completion. A section for filing the completed log sheets has been added to the generator maintenance 3-ring notebook.</p> | 11/11/17                   |   |

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 11/09/2017  
FORM APPROVED  
OMB NO. 0938-0391

|   |  |  |  |  |
|---|--|--|--|--|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                   |  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>495214</b>                         | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 01 - MAIN BUILDING 01<br><br>B. WING _____   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>11/07/2017</b> |
| NAME OF PROVIDER OR SUPPLIER<br><b>AUGUSTA MEDICAL CTR SKILLED CA</b> |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>78 MEDICAL CENTER DRIVE<br/>FISHERSVILLE, VA 22939</b> |  |  |
| (X4) ID<br>PREFIX<br>TAG  | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR<br>LSC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG  | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  | (X5)<br>COMPLETION<br>DATE                             |
| K 918   | Continued From page 2<br>where applicable. (NFPA 110.8.3.7.1)<br><br>On 11/02/2017 at approximately 11:00 AM it was<br>observed and noted during record review that the<br>facility could not provide documentation that the<br>Essential Electrical System, EES, main and feeder<br>circuit breakers are inspected annually and a<br>program for periodic exercising the components is<br>established according to manufactures<br>specifications. (NFPA 99, 6.4.4.1.2.1)<br><br>The Facility Director of Engineering and Director of<br>Facility Operations witnessed this evidence by<br>interview and observation on 11/08/2017 at<br>approximately 10:00 AM during the exit interview.  | K 918  | A schedule for testing Essential Electrical<br>System (EES) circuit breakers has been<br>programmed in the Computerized<br>Maintenance Management System for<br>accomplishment on an annual basis. This<br>computerized system will identify<br>immediately any further occurrences of<br>the problem. An inventory of the EES<br>main and feeder circuit breakers has<br>been developed. The initial inspection of<br>these breakers is scheduled to be started<br>by December 4 <sup>th</sup> and be completed by<br>12/22/17. The Director of Facilities and<br>Maintenance will be responsible to<br>ensure ongoing compliance annually. | 12/22/17   |
| K 926<br>SS=F   | NFPA 101 Gas Equipment - Qualifications and<br>Training<br><br>Gas Equipment - Qualifications and Training of<br>Personnel<br>Personnel concerned with the application,<br>maintenance and handling of medical gases and<br>cylinders are trained on the risk. Facilities provide<br>continuing education, including safety guidelines<br>and usage requirements. Equipment is serviced<br>only by personnel trained in the maintenance and<br>operation of equipment.<br>11.5.2.1 (NFPA 99)<br>This Standard is not met as evidenced by:<br><br>Surveyor: 25557<br><br>Based upon observations and interviews the facility<br>was not able to provide information on the<br>qualifications and training of personnel concerned<br>with applications, maintenance, and handling of<br>medical gases. This has the ability to affect the all<br>occupants in the building.<br><br>The findings include: | K 926  |  |  |

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 11/09/2017  
FORM APPROVED  
OMB NO. 0938-0391

|   |  |   |  |                            |   |
|---|--|---|--|----------------------------|---|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                   |  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>495214 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 01 - MAIN BUILDING 01<br><br>B. WING _____   |                            | (X3) DATE SURVEY<br>COMPLETED<br><br>11/07/2017 |
| NAME OF PROVIDER OR SUPPLIER<br><b>AUGUSTA MEDICAL CTR SKILLED CA</b> |  |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>78 MEDICAL CENTER DRIVE<br/>FISHERSVILLE, VA 22939</b>   |                            |   |
| (X4) ID<br>PREFIX<br>TAG  | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR<br>LSC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG   | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  | (X5)<br>COMPLETION<br>DATE |   |
| K 926   | Continued From page 3<br><br>On 11/07/2017 at approximately 3:00 PM it was observed and noted that the facility could not provide documentation on training of personnel or a continuing education program as required by the Health Care Facilities Code.<br><br>The Facility Director of Engineering and Director of Facility Operations witnessed this evidence by interview and observation on 11/08/2017 at approximately 10:00 AM during the exit interview. | K 926   | A training module has been developed for training staff on the safe handling and use of medical gases and cylinders. A copy of the slides that have been incorporated into the Hospital's HealthStream Training System which will require this training annually of designated employees which will prevent further occurrences of this issue This hospital wide training module is scheduled to be accomplished by designated staff starting on 12/4/17 and be completed by 12/22/17. The Director of Facilities and Maintenance will be responsible to ensure ongoing compliance annually. | 12/22/17                   |   |